



City of Keystone Heights
 555 South Lawrence Blvd
 Keystone Heights, Florida 32656
 352.473.4807 Office 352.473.5101 Fax



Rezoning Application

Property Information

Property Address: _____ Phone: (_____)_____-_____

Tax Parcel # _____ Zoning _____ Land Use: _____

Proposed Zoning _____ Seeking (choose one) Permitted Use *or* Use by Exception

Property will be used as _____

Property Owner Information

Property Owner: _____

Address: _____ City _____

State: _____ Zip Code: _____ Phone: (_____)_____-_____

Email: _____

Registered Agent

I hereby appoint: _____ as my agent.

Address: _____ City _____

State: _____ Zip Code: _____ Phone: (_____)_____-_____

Email: _____

Attached Documents

- Deed Legal Description Survey Site Plan Other (Please List)



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Application Certification

I, hereby, swear to or affirm that I am the owner of the property described herein, that all answers to the questions in this application and all information contained in the material attached to and made a part of this application, are accurate and true to the best of my knowledge and belief. I also attest by my signature that all required information for this rezoning application is completed and duly attached in the prescribed order. Furthermore, if the package is found to be lacking the above requirements, I understand that the application will be returned for correct information. I hereby acknowledge that the zoning requested is my choice and have reviewed and agreed to all conditions listed in this application, the requirements in the City of Keystone Heights Code of Ordinances, and Land Development Regulations.

Owner Signature: _____

STATE OF FLORIDA
 COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _day of _____, _____,
 by _____.

Personally known _____ Or Produced Identification _____

Type of Identification Produced _____

 (Signature of Notary Public State of Florida)

 (Print, Type, or Stamp Commissioned Name of Notary Public)